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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/714,766	11/17/2003	Takeaki Nakamura	17264	3358
23389 7590 06/26/2008 SCULLY SCOTT MURPHY & PRESSER, PC 400 GARDEN CITY PLAZA SUITE 300 GARDEN CITY, NY 11530			EXAMINER KASZTEJNA, MATTHEW JOHN	
			ART UNIT 3739	PAPER NUMBER
			MAIL DATE 06/26/2008	DELIVERY MODE PAPER

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BEFORE THE BOARD OF PATENT APPEALS  
AND INTERFERENCES

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*Ex parte* TAKEAKI NAKAMURA

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Appeal 2008-0910  
Application 10/714,766  
Technology Center 3700

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Decided: June 26, 2008

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*Before:* JENNIFER D. BAHR, LINDA E. HORNER and  
STEVEN D.A. McCARTHY, *Administrative Patent Judges.*

McCARTHY, *Administrative Patent Judge.*

DECISION ON APPEAL

STATEMENT OF THE CASE

1  
2       The Appellant appeals under 35 U.S.C. § 134 (2002) from the final  
3 rejection of claims 1-21 under 35 U.S.C. § 103(a) (2002) as being  
4 unpatentable over Uchikubo (U.S. Patent 6,602,185) in view of Moll (U.S.  
5 Patent 6,659,939). We have jurisdiction under 35 U.S.C § 6(b) (2002).

1           We REVERSE.

2           Uchikubo teaches a remote surgery support system in which an  
3   operating room and a remote control room in a remote place are linked with  
4   a communication line. (Uchikubo, col. 3, ll. 44-49). The Examiner finds  
5   that “Uchikubo is silent with respect to a third control system located in a  
6   secondary support room.” (Ans. 4). The Appellant contends that “there is no  
7   suggestion or motivation in Moll of having multiple master control rooms in  
8   which several master surgeons are available to offer support to the surgeon  
9   in the operating room.” (App. Br. 27). On this basis, the Appellant contends  
10   that “the combination of Uchikubo and Moll (even if such a combination  
11   was proper) does not show one or more secondary support rooms for  
12   receiving and processing information from the operating room and  
13   transmitting a processing result (as secondary support information) to a  
14   primary support room (which is not the operating room).” (App. Br. 25).

15          Moll teaches a robotic surgical network. (Moll, col. 3, ll. 3-4). The  
16   network permits more than one surgeon to cooperate during a surgical  
17   procedure. (Moll, col. 44, ll. 52-53). “For a system having multiple master  
18   controls, the system may be arranged so that two operators can operate the  
19   same surgical system at the same time by controlling different slave  
20   manipulators and swapping manipulators . . . .” (Moll, col. 44, ll. 61-65).  
21   Utilizing such a network, “multiple master control rooms can be imagined in  
22   which several master surgeons pass various patients back and forth  
23   depending on the particular part of a procedure being performed.” (Moll,  
24   col. 46, ll. 30-33). One advantage of this arrangement is that master  
25   surgeons expert in one part of a procedure may perform that part and then  
26   move on to perform the same part in other procedures. (Moll, col. 46, ll. 36-

45). When one operator wishes to move the endoscope through which intracavitary images are captured, some cooperation between the operators such as audible communication is required. (Moll, col. 45, ll. 50-55).

Moll's disclosure as exemplified by these passages does not support the Examiner's finding that Moll teaches "having multiple master control rooms in which several master surgeons are available to offer support to the surgeon in the operating room." (Ans. 9). While Moll teaches that an alternative surgeon may be on call to one or more operating rooms if one or more patients would benefit from having a surgeon actually present (Moll, col. 46, ll. 50), the reference does not teach that the master surgeons provide support to the alternative surgeon during the operation. In fact, the reference teaches that a master surgeon moves on to treat another patient when the alternative surgeon steps into the surgery (*id.*). Thus, Moll does not teach one or more secondary support rooms for receiving and processing information from the operating room and transmitting a processing result to a primary master control room which can then be further transmitted to the operating room, as recited in claims 1 and 15. Moll also does not teach one or more secondary support rooms for receiving patient information transmitted from the operating room and transmitting secondary support information based on the patient information to a primary master control room to serve as a basis primary support information transmitted to the operating room as recited in claim 8.

Therefore, the Examiner has not articulated reasoning having rational underpinnings in the teachings of Uchikubo and Moll why the subject matter of claims 1-21 would have been obvious to one of ordinary skill in the art. On the record before us, the Appellant has shown that the Examiner erred in

rejecting claims 1-21 under § 103(a) as being unpatentable over Uchikubo  
and Moll.

DECISION

We REVERSE the rejection of claims 1-21.

REVERSED

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SCULLY SCOTT MURPHY & PRESSER, P.C.  
400 GARDEN CITY PLAZA  
SUITE 300  
GARDEN CITY, NY 11530